

SERFF Tracking Number: JHAN-126131658 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 42554  
 Company Tracking Number: LTC REPLACEMENT AND LAPSE REPORTING FOR REPORTING YEAR 2008  
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
 Product Name: LTC Replacement and Lapse Reporting for Reporting Year 2008  
 Project Name/Number: LTC Replacement and Lapse Reporting for Reporting Year 2008/LTC Replacement and Lapse Reporting for Reporting Year 2008

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: LTC Replacement and Lapse Reporting for Reporting Year 2008  
 SERFF Tr Num: JHAN-126131658 State: ArkansasLH

TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 42554

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTC REPLACEMENT AND LAPSE REPORTING FOR REPORTING YEAR 2008 State Status: Closed

Filing Type: Form Co Status: Submitted Reviewer(s): Harris Shearer  
 Author: Michelle Fluet Disposition Date: 06/22/2009  
 Date Submitted: 06/02/2009 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Replacement and Lapse Reporting for Reporting Year 2008 Status of Filing in Domicile: Pending

Project Number: LTC Replacement and Lapse Reporting for Reporting Year 2008 Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/22/2009

Explanation for Other Group Market Type:

State Status Changed: 06/22/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: John Hancock Life Insurance Company (USA)

FEIN # 01-0233346 NAIC # 904-65838

Replacement and Lapse Reporting for reporting year 2008

Individual Long Term Care Rider(s) Attached to Life Insurance Policy(ies)

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As required in your jurisdiction, we are submitting replacement and lapse reporting information for the period of January 1, 2008 through December 31, 2008.

Your attention to this submission is appreciated. Should you have any questions on the materials in this reporting, please do not hesitate to contact me.

Sincerely,

Michelle Fluet

## Company and Contact

### Filing Contact Information

Michelle Fluet, State Compliance Analyst mfluet@jhancock.com  
197 Clarendon Street (800) 370-1355 [Phone]  
Boston, MA 02117 (617) 572-0808[FAX]

### Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan  
(U.S.A.)  
197 Clarendon Street Group Code: 904 Company Type: Life Insurance  
C-7-09  
Boston, MA 02117 Group Name: State ID Number:  
(800) 370-1355 ext. [Phone] FEIN Number: 01-0233346  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$0.00	06/02/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Harris Shearer	06/22/2009	06/22/2009

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## **Disposition**

Disposition Date: 06/22/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Replacement & Lapse Reports		Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Flesch Certification		04/28/2009
<b>Bypass Reason:</b>	Not applicable to this submission		
<b>Comments:</b>			
		<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Application		04/28/2009
<b>Bypass Reason:</b>	Not applicable to this submission		
<b>Comments:</b>			
		<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Health - Actuarial Justification		04/28/2009
<b>Bypass Reason:</b>	Not applicable to this submission		
<b>Comments:</b>			
		<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Outline of Coverage		04/28/2009
<b>Bypass Reason:</b>	Not applicable to this submission		
<b>Comments:</b>			
		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Replacement & Lapse Reports		04/28/2009
<b>Comments:</b>			
<b>Attachments:</b>			
	Arkansas - JH USA REPLACEMENT AND LAPSE REPORTING FORM.pdf		
	AR replacements.pdf		
	AR lapses.pdf		



**REPLACEMENT AND LAPSE REPORTING FORM FOR  
INDIVIDUAL LONG TERM CARE RIDER(S)  
ATTACHED TO LIFE INSURANCE POLICY(IES)  
FOR 2008**

**STATE : Arkansas**

**Number of riders inforce as of 12/31/07: 65**

**Number of rider issued in 2008: 35**

**Number of new issues that lapsed in 2008: 0**

**As a percent of riders issued: 0**

**Total number of riders that lapsed in 2008: 3**

**As a percent of riders inforce 12/31/07: 4.6%**

**Number of policies replaced in 2008 2**

**As a percent of riders issued: 5.7%**

**As a percent of riders inforce 12/31/07: 3%**

**Individual Long Term Care Rider(s) Attached to Life Insurance Policy(ies)**  
**List of 10% of Agents by the Highest % of Replacements**  
**Reporting Year 2008**

<u>State of</u>	<u>Agent</u>	<u>Agent's Name</u>	<u>Number of</u>	<u>Number of</u>	<u>Number of</u>
Arkansas	<u>Number</u>		<u>riders issued</u>	<u>riders replaced</u>	<u>replacements as %</u>
					<u>number of issues</u>
	30106	Mitch Lockheart	2	2	100%

**Individual Long Term Care Rider(s) Attached to Life Insurance Policy(ies)**  
**List of 10% of Agents by the Highest % of Lapses**  
**Reporting Year 2008**

<u>State of</u>	<u>Agent Number</u>	<u>Agent's Name</u>	<u>Number of riders issued</u>	<u>Number of riders lapsed</u>	<u>Number of lapses as % number of issues</u>
Arkansas	205956	Amanda Clark	0	2	0%
	247286	Town & Country Ins. Agency	0	1	0%